

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:57

DOCUMENT # **H64251** (2)

1. Corporation Name
WILLIAM E. SHENKO, JR., P.A.

Principal Place of Business Mailing Address
**% WILLIAM E. SHENKO, JR.
PO BOX 2579
FT MYERS BEACH FL 33932**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 07/01/1985	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2549769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHENKO, WILLIAM E., JR.
6100 ESTERO BLVD
FT MYERS BEACH FL 33931**

10. Name and Address of Now Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed on printed name of registered agent and filed in separate column

Signature typed on printed name of registered agent and filed in separate column

DATE

12. OFFICERS AND DIRECTORS	
11	NAME
12	STREET ADDRESS
13	CITY - ST - ZIP
14	TITLE
15	NAME
16	STREET ADDRESS
17	CITY - ST - ZIP
18	TITLE
19	NAME
20	STREET ADDRESS
21	CITY - ST - ZIP
22	TITLE
23	NAME
24	STREET ADDRESS
25	CITY - ST - ZIP
26	TITLE
27	NAME
28	STREET ADDRESS
29	CITY - ST - ZIP
30	TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY - ST - ZIP	
15	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	NAME	
17	STREET ADDRESS	
18	CITY - ST - ZIP	
19	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	NAME	
21	STREET ADDRESS	
22	CITY - ST - ZIP	
23	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	NAME	
25	STREET ADDRESS	
26	CITY - ST - ZIP	
27	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28	NAME	
29	STREET ADDRESS	
30	CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William E. Shenko, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/13/95 813 463 5793
DATE